

Presumptive Eligibility Training For Qualified Providers



Purpose Of Training

The purpose of this training is to focus on the PE for Pregnant Women coverage group and Qualified Providers' (QP) responsibilities in the Presumptive Eligibility Program.

How Long Does A PE Period Last?

Commit to your health.

A presumptive eligibility period lasts until the State processes the full Medicaid application

(Example: PE application submitted 10/15, full Medicaid application submitted 10/30 and approved 11/05. PE will end 11/05.)

–OR– for individuals who do not submit a full Medicaid application, until the last day of the month following the month in which the presumptive eligibility determination was made.

(Example: PE application submitted on 10/12, no full Medicaid application submitted, PE eligibility ends 11/30)

Legal Authority – Wyoming Department Of Health (WDH)

The Wyoming Department of Health (WDH) administers the program.

- QPs determine Presumptive Eligibility using the PE Pregnant Women Application and Qualified Provider Calculation Sheet.
- The WDH determines eligibility for this program under Medicaid while a client is in the presumptive eligibility period, if a full Medicaid application has been submitted.

What Is PE For Pregnant Women?

An option which is designed to improve pregnant women's access to temporary ambulatory prenatal care while her eligibility for Medicaid benefits is determined.

***PE does not cover the cost of delivery.**

Eligibility Criteria For Pregnant Women

Commit to your health.

To qualify for the PE for Pregnant Women program, a woman must:

- Be pregnant
- Be a Wyoming resident
- Be lawfully present in the U.S.
 - See supplemental document “Immigration Status Worksheet” for definition of lawfully present.
- Have a gross family income that does not exceed 154% of the Federal Poverty Level.
 - A 5% disregard of the FPL should be given if it will make a difference in eligibility.

****Self-attestation is accepted to verify PE eligibility criteria**

How To Become A QP

In order to become a QP, each individual that wants to process PE applications must:

- Apply with the Wyoming Department of Health, Medicaid Eligibility Unit.
 - Complete a Qualified Provider Application & Qualified Provider Agreement.
 - Fax or email these forms to the Medicaid Eligibility Unit, Attn: PE Program at 307-777-7085 or eceligibilityunit@wyo.gov
- Each person in your office assisting clients with the PE paper application must complete training provided by the Medicaid Eligibility Unit.

All materials for the application and training can be found online at:

<https://health.wyo.gov/healthcarefin/medicaid/pelinks/>

QP Responsibilities

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Qualified Providers will:

- Complete the PE application and obtain applicant signature on Rights and Responsibilities form.
- Screen applicant for current Medicaid enrollment based on self-attestation.
- Review the application with the applicant before making a determination.
- Complete the Qualified Provider Calculation Sheet to make a determination.
- Fill out PE Approval or Denial Notice.
- Give one copy of the PE Approval or Denial Notice to the applicant and keep a copy for your records.

QP Responsibilities

Commit to your health.

Qualified Providers will:

- Submit the PE Pregnant Women Application, Qualified Provider Calculation Sheet, and Rights & Responsibilities Sheet to the Wyoming Department of Health, Attention: PE Program via email eceligibilityunit@wyo.gov or fax 307-777-7085 within 1 business day.
- Assist the applicant in completing the Streamlined Application for regular Medicaid, if the applicant chooses to apply.
- Provide the applicant with information about other health and nutrition programs

PE Eligibility Period

PE is limited to one period of eligibility per pregnancy. QPs should ask the applicant if they have received PE during the current pregnancy.

- Applicants who state they have received PE during the current pregnancy should be denied PE.

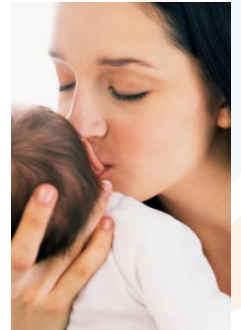
This eligibility will not appear in the payment system for up to two business days after the determination is received by WDH.

- During the time period that the QP has determined eligibility and the information is being uploaded into the payment system, the approval notice will serve as proof for temporary eligibility.

PE Covered Services

PE covered services for the Pregnant Women program are limited to temporary ambulatory outpatient services.


PE does not cover the cost of delivery. A full Medicaid application should be submitted to determine eligibility for the Pregnant Women program.



PE Paper Application

Commit to your health.

QPs will assist the applicant by completing the Application for Presumptive Eligibility for Pregnant Women. All materials for the application and training can be found online at: <https://health.wyo.gov/healthcarefin/medicaid/pelinks/>

 1 | Page

Application for Presumptive Eligibility for Pregnant Women

Use this form to find out quickly if you qualify for Presumptive Eligibility (PE) for Pregnant Women Wyoming Medicaid. PE offers you immediate access to ambulatory prenatal care while you apply for regular Medicaid.

To qualify for regular Medicaid, you must complete the Wyoming Medicaid Streamlined Application. While you wait to learn if you qualify for regular Medicaid, you can get your ambulatory prenatal care through PE if eligible. You can apply for **regular Medicaid** by:

- Completing a paper application, available online at: <https://health.wyo.gov/healthcarefin/apply/>
 - Return the application to us by:
 - Mail (3001 E. Pershing Blvd., Suite 125, Cheyenne, Wyoming 82001), or
 - Fax (1-855-328-5205), or
 - Email (casanovic@state.wy.gov).
- Applying online at: <https://www.wyvetel.wyo.gov>
- Applying over the phone by calling 1-855-294-2127

Qualifying for PE for Pregnant Women

You can qualify for PE for Medicaid if you meet all the following criteria:

- Your gross income is below the monthly limit
- You are a U.S. Citizen, U.S. National, Qualified Non-Citizen or be lawfully present in the U.S
- You are a Wyoming Resident
- You do not already have Medicaid
- You have not had a PE period during this pregnancy.
- You are pregnant

When PE application is complete either email to eceligibilityunit@wyo.gov or fax to 307-777-7085.

Tell us about yourself

Name _____

Date of Birth _____ Last _____ First _____ Middle _____

Month/Day/Year _____ Social Security Number (optional) _____

Home Address _____

Street _____ City _____ State _____ Zip _____

Mailing Address _____

If different than Home Address

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ Message Phone (____) _____

Email Address _____

Are you lawfully present in the United States? ____ Yes ____ No


Are you a WY Resident? ____ Yes ____ No (If you are not a Wyoming Resident your PE application will be denied.)

Are you currently enrolled in a Wyoming Medicaid program? ____ Yes ____ No

Are you pregnant? ____ Yes ____ No

When is the baby due? _____ How many babies are due? _____

October 2020 Medicaid Eligibility Unit

 2 | Page

How many individuals are in your household? (Count spouse, any children under the age of 18, unborn child, and parents if the applicant is under the age of 18.) _____

What is your monthly gross income? \$ _____

Are you married? ____ Yes ____ No If yes, what is your husband's monthly gross income? \$ _____

If you are under 18, what is your parent's monthly gross income? \$ _____

NOTE: You do not need to include Child Support, Veteran's payments, Worker's Compensation, or Supplemental Security Income (SSI). (A 5% disregard of the FPL should be given if it will make a difference in eligibility.)

Were you given the opportunity to fill out the full Medicaid application with the Qualified Provider? ____ Yes ____ No

By signing you are swearing that everything you wrote on this form is true as far as you know. We will keep your information secure and private.

Signature _____ Date _____

If this was a telephonic application- By signing, you as the Qualified Provider are attesting that you have read the Rights and Responsibilities to the applicant, and that the information on this application was provided by the applicant, and that the applicant has verified that the information is true or correct. We will keep this information secure and private.

Provider Name _____ Provider Contact Number _____

Facility Name and Address _____

If you qualify for PE for Medicaid, what happens next?

- You will get a notice from the provider saying you were approved.
- Your Pregnant Woman PE coverage will begin the day you are approved.
 - To start using your PE coverage you will need to show your approval notice to providers until you receive your card in the mail. The card should arrive in 2 weeks if you have previously not received a Medicaid card.
 - You are covered for outpatient ambulatory prenatal care only. PE will not cover the services if you are admitted to a hospital.
- If you do not complete the Wyoming Medicaid Streamlined Application to see if you qualify for regular Medicaid, your PE coverage will end on the last day of the month after the month you are approved for PE.
 - For example, if you qualified for PE in January and have not submitted a regular Medicaid application, your PE coverage will end on the last day of February.
- If you complete the Wyoming Medicaid Streamlined Application for regular Medicaid your PE coverage will end on the date a determination for regular Medicaid is made.
 - For example, if you qualified for PE in January and submitted a regular Medicaid application, that is processed on February 2nd. Your PE eligibility will end February 2nd.

If you do not qualify for PE for Medicaid, what happens next?

- You will get a notice from the provider saying you were not approved. You cannot appeal the provider's decision. BUT, you can still apply for regular Medicaid using the Wyoming Medicaid Streamlined Application.

Questions: Ask your provider, call us at 1-307-777-3423, or visit us online at: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

October 2020 Medicaid Eligibility Unit

How To Complete The PE Application

Commit to your health.

Completing the PE Application:

- Read through the application with the applicant.
- Information is gathered through self-attestation.
- Fill in the applicant's personal information. (The PE Application must be filled out for each applicant.)
- After all fields have been completed, review the application information with the applicant to ensure there are no errors.
 - **The SSN field is requested to assist in matching but not required.**
- The Rights and Responsibilities form must be signed and dated before making a determination.
- The unborn child is always included in the household size for pregnant women (household size should always be at least 2).

How To Complete The PE Application

Commit to your health.

Completing the PE Application:

- Determine eligibility based on the information provided on the application by using the application and the Qualified Provider Calculation Sheet.
- Fill out PE Approval or Denial Notice.
- Give one copy of the PE Approval or Denial Notice to the applicant and keep a copy for your records.
 - PE eligibility will not appear in the payment system for up to two business days.
- Submit the PE Application, Qualified Provider Calculation Sheet, and Rights & Responsibilities Sheet to the Wyoming Department of Health, Attn: PE Program via email eceligibilityunit@wyo.gov or fax 307-777-7085 within 1 business day.

PE Rights And Responsibilities



Michael A. Ceballos
Director

Healthcare Financing Division
Wyoming Medicaid
122 West 25th Street, 4 West
Cheyenne, WY 82002
(307) 777-7531 • 866-571-0944
Fax (307) 777-6964 • www.health.wyo.gov



Mark Gordon
Governor

- Rights and Responsibilities form must be signed before a determination has been made.

Rights and Responsibilities

By signing this notification, you state that you understand the following:

Release of Medical Records: I understand that the Wyoming Department of Health (WDH) must be able to obtain medical records from providers if necessary. My signature authorizes my medical provider to release any medical records to the WDH.

Social Security Numbers: I understand that I am being asked to provide a Social Security Number to verify any current Medicaid benefits and to check for duplication. Social Security Number is not a requirement to receiving Presumptive Eligibility.

My Civil Rights: I understand that the program this application is used for will not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color, religion, political belief, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits of this program. For further information about this policy contact: Wyoming Department of Health at (307) 777-7531 or the Office of Civil Rights at (800) 368-1019.

Medical Support: I understand that if WDH pays for medical or other related services, they have the right to collect from a third person or from available insurance or from settlements for accidents or injuries. If I receive any medical reimbursement payments from insurance companies or other potentially liable third parties while I am enrolled in Medicaid, I must pay WDH back.

Required Signature

I certify that the information given on the application is true and correct. I also have read and understand the Rights and Responsibilities on this notification.

Please sign here _____ Date _____

Print Name _____

Applicant Name _____

If this is a telephonic application- By signing, you as the Qualified Provider/Hospital are attesting that you have read the Rights and Responsibilities to the applicant and that the applicant certifies that the information given on the application is true and correct.

Please sign here _____ Date _____

Qualified Provider Name _____

Applicant Name _____

PE Approval Notice

Commit to your health.

 Michael A. Ceballos Director	Healthcare Financing Division Wyoming Medicaid 122 West 25 th Street, 4 West Cheyenne, WY 82002 (307) 777-7531 • 866-571-0944 Fax (307) 777-6964 • www.health.wyo.gov	 Mark Gordon Governor
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Client Name:

Date:

Client Mailing Address:

Based on the information you provided, you are temporarily eligible for the Medicaid Presumptive Eligibility program.

About your Presumptive Eligibility for Pregnant Women benefits:

- You are temporarily eligible for outpatient Medicaid covered services only.
 - This coverage will not pay for the delivery of your baby.

If you have not previously been on Medicaid, you will receive a Medicaid card within 2 weeks. Take this card with you (or show this letter to providers before receiving your card) when you go to the doctor, hospital, or pharmacy. To order another card call: 1-800-251-1269.

Coverage Period will end:

- If you complete a full Medicaid application, your Presumptive Eligibility coverage will end the date a determination is made on your application.
 - Example: PE application submitted 10/15, full Medicaid application submitted 10/30 and approved 11/05. PE will end 11/05.
 - If your full application is approved, you will be transitioned to a full Medicaid group.
- If you do not complete and submit a full Medicaid application, your coverage will end the last day of the month following the month in which your PE determination was made.
 - Example: PE application submitted on 10/12, no full Medicaid application submitted, PE eligibility ends 11/30.

Note to Providers:

- Please call one of the following numbers to verify eligibility after the eligibility date above: 307-772-8403 or 1-800-251-1270. The eligibility will not appear in the payment system for up to two business days after the date of this letter.
- During the time period that the eligibility determination for PE has been made and the information being uploaded into the payment system the approval notice will serve as proof for temporary eligibility

You can apply for regular Medicaid by:

- Completing a paper application, available online at:
<https://health.wyo.gov/healthcarefin/apply/>
 - Return the application to us by:
 - Mail (3001 E. Pershing Blvd. Suite 125, Cheyenne, WY 82001),
 - Fax (1-855-329-5205), or
 - Email (wesapplications@wyo.gov).
- Applying online at: <https://www.wesystem.wyo.gov>
- Applying over the phone by calling 1-855-294-2127

 Qualified Provider

 Qualified Provider Phone Number

We will keep your information secure and private.

Questions? Call 1-855-294-2127 (TTY/TDD: 1-855-329-5204). You can call Monday to Friday 7 a.m. to 6 p.m. The call is free. Or go to www.wesystem.wyo.gov.

PE Denial Notice



Michael A. Ceballos
Director

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Wyoming Medicaid
122 West 25th Street, 4 West
Cheyenne, WY 82002
(307) 777-7531 • 866-571-0944
Fax (307) 777-6964 • www.health.wyo.gov



Mark Gordon
Governor

Client Name:
Date:
Client Mailing Address:

Based on the information you provided, you are not eligible for the Presumptive Eligibility (PE) program.

Reason for denial:

☐ Over Income ☐ Non-Wyoming Resident
☐ Non-Citizen ☐ No Coverage Group ☐ Current Medicaid Enrollment

A denial of PE does not necessarily mean that you are not eligible for other Medicaid programs.

You can apply for regular Medicaid by:

- Completing a paper application, available online at:
<https://health.wyo.gov/healthcarefin/apply/>
 - o Return the application to us by:
 - Mail (3001 E. Pershing Blvd., Suite 125, Cheyenne, Wyoming 82001),
 - Fax (1-855-329-5205) , or
 - Email (wesapplications@wyo.gov).
- Applying online at: <https://www.wesystem.wyo.gov>
- Applying over the phone by calling 1-855-294-2127

Sincerely,

Qualified Hospital/Qualified Provider

Phone Number

We will keep your information secure and private.
There is no right to appeal the denial of a PE determination.

Questions? Call 1-855-294-2127 (TTY/TDD: 1-855-329-5204). You can call Monday to Friday 7 a.m. to 6 p.m. The call is free. Or go to www.wesystem.wyo.gov.

Quality Measurement

- All PE applicants will be screened for current Medicaid enrollment.
 - Current Medicaid enrollment is based on self-attestation and is a question on the PE application.
- At least 90% of applicants must be provided the opportunity to complete the full Medicaid application.
 - This will be tracked based on the answer to the question asking if the client was given the opportunity to complete the full Medicaid application.
- At least 80% of clients who choose to fill out the full Medicaid application must be approved benefits in a 6 month period.
 - Applicants who are denied full Medicaid for failing to provide necessary information/documentation will not be included in the measurement.

Quality Measurement

- Additional training will be provided to each QP that does not meet the quality measures in a 6 month period.
 - The WDH will review all QPs every 6 months to verify the quality measurements are being met.
 - Any provider who does not meet the quality measurements will be contacted by the WDH for one-on-one training on PE.
 - The QP will be reviewed again in 3 months to verify if they are now meeting the quality measures.
 - The QP will be required to provide the WDH with an Error Prevention Plan detailing how the QP will work to meet the quality measurements.
 - The QP will be reviewed a last time after 3 months to verify if they are now meeting the quality measurements.
 - If at this point the QP still is not meeting the quality measures, the QP will be subject to disqualification from performing PE determinations.

QP Checklist

- Has the Rights and Responsibilities notice been signed and dated by the applicant?
- Did you give a copy of the Approval or Denial Notice to the applicant?
- Have you assisted the applicant in completing the Streamlined Application for regular Medicaid, if desired?
- Have you referred the applicant to other available health and nutrition programs?
- Have you faxed or emailed the PE Application, Qualified Provider Calculation Sheet, and Rights & Responsibilities Sheet to the Wyoming Department of Health?

What Is The Streamlined Application?

This application is used to determine eligibility for regular Medicaid programs.

- A QP is asked to assist all applicants who choose to apply for full Medicaid using one of the following methods:
 - Complete a paper Streamlined Application and submit it to the Wyoming Department of Health Customer Service Center by:
 - Mail to 3001 E. Pershing Blvd., Suite 125, Cheyenne, WY 82001
 - Fax to 1-855-329-5205
 - Email to wesapplications@wyo.gov
 - Call the Wyoming Department of Health Customer Service Center at 1-855-294-2127 to apply over the phone
 - Apply online at www.wesystem.wyo.gov

To order hard copy applications, contact Cathy Ernste at (307) 777-3423.

Review

- QPs must enroll with Medicaid.
- The PE process is by self-attestation.
- Ask the applicant if they are currently on a Medicaid program.
- Gross income amounts are used when completing the income section.
- Once a determination has been made, the PE Application, Qualified Provider Calculation Sheet, and Rights & Responsibilities Sheet will need to be faxed or emailed to the Wyoming Department of Health.
- The applicant can only be approved for one period of PE per pregnancy.
- Assist applicants who desire regular Medicaid in completing the Streamlined Application.

Presumptive Eligibility Contact Information:

- Cathy Ernste, Benefit Coordination Consultant
cathy.ernste1@wyo.gov | 307-777-3423
- Theresa Manzanares, Benefit Coordination Manager
theresa.manzanares@wyo.gov | 307-777-3772

